Canadian Community Health Survey

topics

Cycle 1.2 Report 4

Cannabis Use and Alcohol Dependence In Nova Scotia

April 2005

The Canadian Community Health Survey (CCHS) is a new series of health surveys being conducted by Statistics Canada. The survey is based on two year cycle, with the first year consisting of a larger sample (about 125,000 respondents) and the second year consisting of a smaller sample (about 37,000 respondents). Its purpose is to provide regular and timely cross-sectional estimates of health determinants, health status, and health system utilization for 136 health regions across the country. Data for the second instalment of the CCHS, Cycle 1.2, were collected between May and December of 2002, and released in October, 2003. The survey collected information on Canadians aged 15 years and older in all provinces.

Highlights

- Forty five percent of Nova Scotians aged 15 years or older report having used cannabis in their lifetime and 13.6% report having used it in the past year.
- Cannabis use is significantly more prevalent among men than among women.
- Cannabis use decreases with age for both men and women.
- Single Nova Scotians are by far more likely to report cannabis use.
- Nova Scotians who self-report better physical health status but poorer mental health status also self-report higher cannabis use.
- Nova Scotians who are dissatisfied with life and who have thought about suicide are more likely to report cannabis use.
- Nova Scotians who report alcohol dependence are significantly more likely to also report cannabis use compared to those who do not report alcohol dependence.
- An estimate of 1.5% of Nova Scotians report using drugs other than cannabis in the past year. Ecstasy is the most commonly used illicit drug after cannabis.
- The overall prevalence of alcohol dependence among Nova Scotians aged 15 and over is 3.3%.

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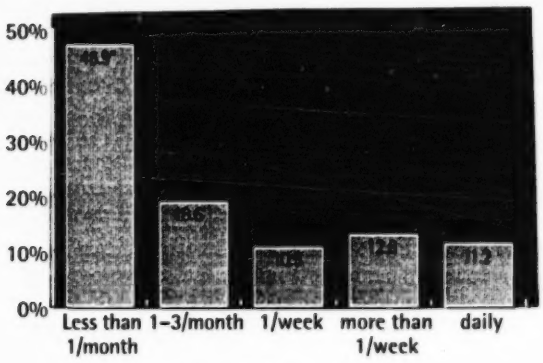
- Singles, males, and those aged 25-34 years are significantly more likely to also self-report alcohol dependence.
- Alcohol dependence is more prevalent among Nova Scotians who feel dissatisfied with life.

Who Uses Cannabis?

The majority (54.6%) of Nova Scotians aged 15 years or older have never tried cannabis. About 45% of Nova Scotians report using cannabis at least once in their lifetime and almost 14% report using cannabis in the past year (recent use). The figure of recent use is slightly higher than the 12% national rate.

About thirty percent of those who self-report having used cannabis at least once in their lifetime also report using cannabis in the past 12 months. The remaining seventy percent report that they have not used cannabis in the past 12 months. Among recent users, used in the past 12 months, nearly half (46.9%) have done so less than once a month. About twenty percent (18.6%) have done so 1 to 3 times a month. About one quarter (23.3%) report using it once a week or more, and 11.2% report using it daily (Figure 1).

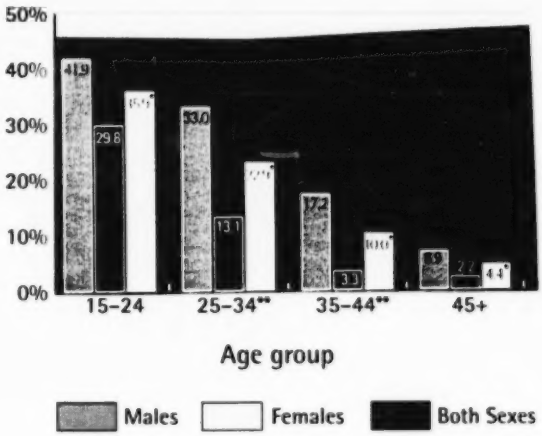
FIGURE 1 Cannabis Use by Frequency, for Recent Users (Past 12 Months), Nova Scotia (CCHS 1.2)



* Significantly different from other categories.

Cannabis use is found to be more prevalent among men than among women[1-3]. According to CCHS 1.2, significantly more men (19.3%) than women (8.4%) in Nova Scotia report using cannabis in the past 12 months. The proportion of cannabis use is higher among men than among women in all age groups. The percentage of Nova Scotians who report recent cannabis use also decreases with age (Figure 2). Cannabis use peaks among those aged 15 to 24 (41.9% for men, 29. 8% for women, and 35.9% for both sexes). The lowest rate occurs among those aged 45 and up (6.9% for men, 2.2% for women, and 4.4% for both sexes).

FIGURE 2 Cannabis Use by Sex and Age, Nova Scotia (CCHS 1.2)

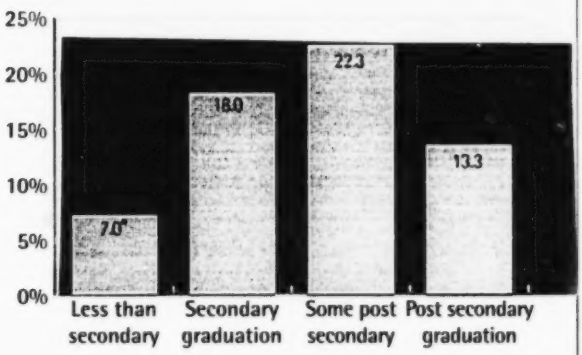


* Significantly different among age groups.
** Significantly different between males and females.

Cannabis use is correlated with education levels[4]. According to CCHS 1.2, recent use occurs mostly among those who have some post secondary education (22.3%), followed by those who have completed secondary school (18.0%). The rates of recent cannabis use are lower for the two groups at either end of the education spectrum—"post secondary graduation" (13.3%) and "less than secondary" (7.0%), (Figure 3). Those with the highest education level may either have a better

understanding of the negative consequences of cannabis use, or have a greater chance to avoid cannabis use due to their higher social and employment status; where as those with the lowest education level may be restricted to cannabis access due to age or financial reasons.

FIGURE 3 Cannabis Use by Education, Nova Scotia (CCHS 1.2)

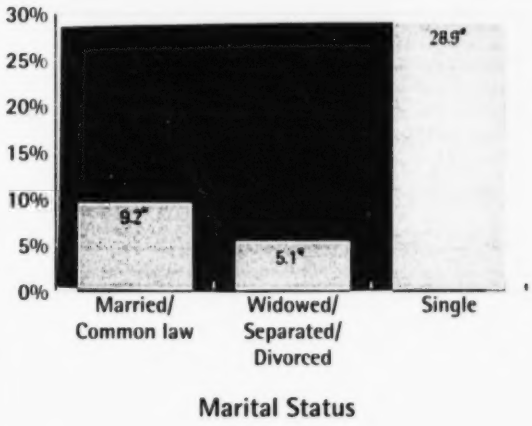


* Significantly different from "secondary graduation", "some post secondary", and "post secondary graduation".

The relationship between cannabis use and marital status has been documented[5]. According CCHS 1.2, single Nova Scotians tend to have more experience with cannabis use than people who have or had partners. Almost thirty percent (28.9%) of single Nova Scotians report they have used cannabis in the past year, compared with only 9.2% of those who are married or common law, and 5.1% of those who are widowed, separated, or divorced, (Figure 4). One possible explanation for this finding is that people who are single may have less familial responsibilities and therefore are more likely to use cannabis compared to those who have or had partners. Or possibly, cannabis use is "preventive" of marriage or contributes to marriage breakdown.

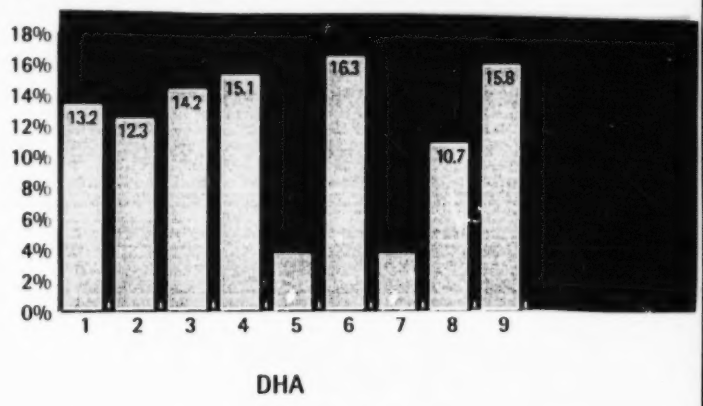
Geographically, cannabis use in Nova Scotia is not evenly distributed among DHAs, ranging from a low of 10.7% in DHA8 (Cape Breton) to a high of 16.3% in DHA6 (Pictou County). DHA9 (Capital District) ranks the second highest (15.8%) after DHA6 (Pictou County), followed closely by DHA4 (Colchester - East Hants) (Figure 5).

FIGURE 4 Cannabis Use by Marital Status, Nova Scotia (CCHS 1.2)



* Significantly different from other categories.

FIGURE 5 Cannabis Use by DHA, Nova Scotia (CCHS 1.2)

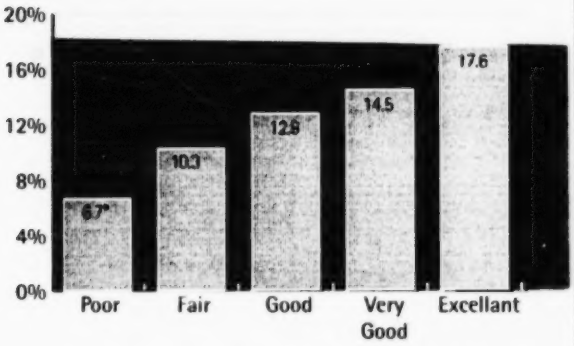


Estimates could not be reported according to Statistics Canada guidelines (see Appendix 1).

Cannabis Use and Self-Reported Health Status

Evidence exists regarding adverse health effects of cannabis use, especially chronic cannabis use[6]. However, our results show that cannabis use increases with Nova Scotians' self-reported physical health status (Figure 6). The proportion of Nova Scotians who report recent cannabis use increases from 6.7% among those who self-report "poor" physical health to 17.6% among those who self-report "excellent" physical health. As indicated by our previous estimates, higher levels of cannabis use are reported by males and those aged 15 to 24 years, who are more likely to also report being in good physical health compared to the rest of the population.

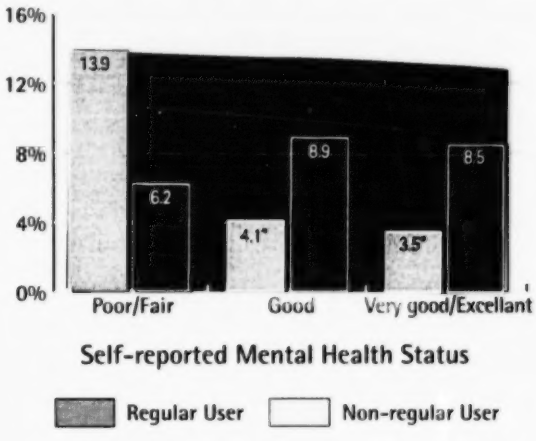
FIGURE 6 Cannabis Use by Self-reported Physical Health Status, Nova Scotia (CCHS 1.2)



* Significantly different from "Excellant".

Research has found that frequent cannabis use can significantly increase the risk of mental health problems such as depression, schizophrenia, and psychosis[7-9]. The association between frequent cannabis use and mental health problems has also been shown by the CCHS in Nova Scotia (Figure 7). Among those who rate their mental health as poor or fair, 13.9% also report being regular cannabis users (use cannabis at least once a week), whereas among those who rate their mental health as very good or excellent, only 3.5% use cannabis regularly.

FIGURE 7 Regular/Non-regular Cannabis Users by self-reported Mental Health Status, Nova Scotia (CCHS 1.2)

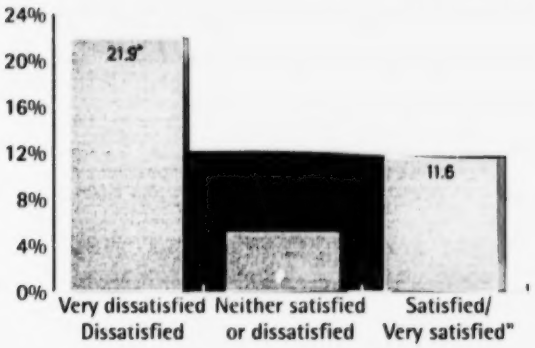


* Significantly different from non-regular users.

Cannabis Use, Life Satisfaction, and Suicide

Nova Scotians who are not satisfied with their lives are more likely to initiate or continue using illicit drugs such as cannabis. A significantly greater proportion of Nova Scotians report recent cannabis use among those who report being "dissatisfied" or "very dissatisfied" with life (21.9%) compared to those who report being "satisfied" or "very satisfied" with life (11.6%), (Figure 8). The estimate for "neither satisfied or dissatisfied" could not be reported according to Statistics Canada guidelines.

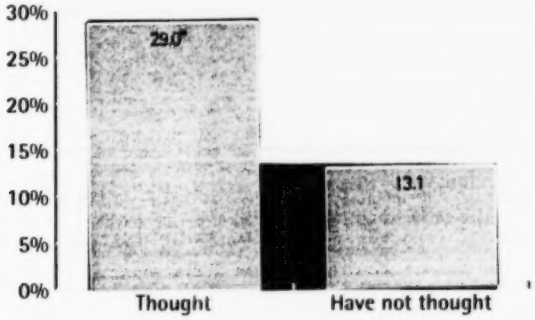
FIGURE 8 Cannabis Use by Self-reported Life Satisfaction, Nova Scotia (CCHS 1.2)



* Significantly different from "Satisfied/Very satisfied".
# Estimate could not be reported according to Statistics Canada guidelines (See Appendix 1).

Suicide ideation occurs more among cannabis users than among non-users[10-11]. Nova Scotians who report thinking about suicide in the past 12 months are significantly more likely to report recent cannabis use (29.0%) than those who have not thought about suicide (13.1%), (Figure 9).

FIGURE 9 Cannabis Use Among Those Who Have or Have Not Thought about Suicide in the Past 12 Months, Nova Scotia (CCHS 1.2)

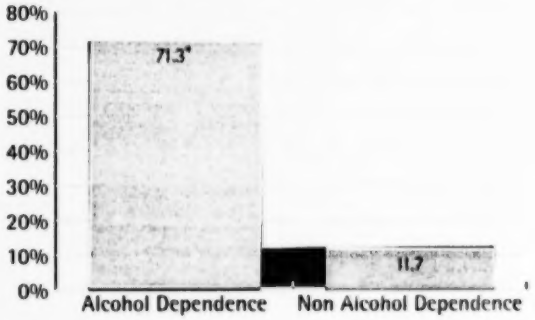


* Significantly different from "Have not thought".

Cannabis Use and Alcohol Dependence

Cannabis use is associated with alcohol dependence[3]. Cannabis users are over-represented in those who are alcohol dependent. Seventy-one percent of those who report alcohol dependence also report cannabis use in the past year, which is more than six times higher than those who do not report alcohol dependence (11.7%), (Figure 10).

FIGURE 10 Cannabis Use Among Those Who Did or Did Not Report Alcohol Dependence, Nova Scotia (CCHS 1.2)

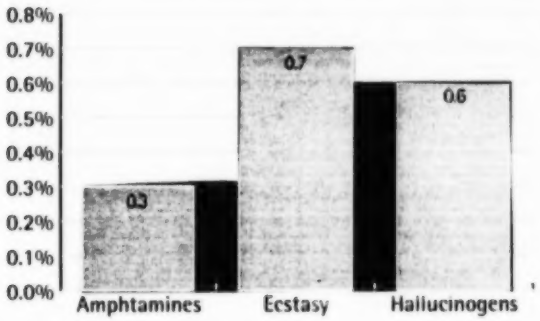


* Significantly different from "Non Alcohol Dependence".

Other Illicit Drug Use

The CCHS 1.2 also collected data on the use of seven other drugs: cocaine or crack cocaine, amphetamines, ecstasy, LSD and other hallucinogens, glue and other solvents, heroin, and steroids. Overall, 1.5% of Nova Scotians aged 15 or older report using at least one of these drugs in the past year. An estimated 0.7% had used ecstasy, making it the most commonly used drug other than cannabis, followed by hallucinogens (0.6%) and amphetamines (0.3%), (Figure 11). The estimates for cocaine/crack, solvents, heroin, and steroids could not be reported according to Statistics Canada guidelines (Please see Appendix I).

FIGURE 11 Other Illicit Drug Use by Type, Nova Scotia (CCHS 1.2)



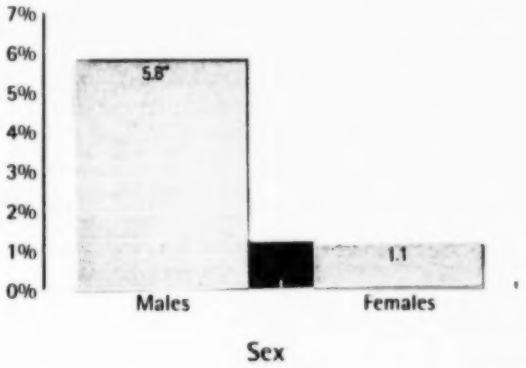
Alcohol Dependence in Nova Scotia

Alcohol dependence is defined as tolerance, withdrawal, or loss of control of social or physical problems related to alcohol use. The alcohol dependence scale is based on a subset of items from the Composite International Diagnostic Interview (CIDI) developed by Kessler and Mroczek (University of Michigan)[12]. The CCHS 1.2 estimates an overall prevalence of alcohol dependence (in the past 12 months) in Nova Scotia among those aged 15 years and older to be 3.3%. The prevalence of alcohol dependence is significantly higher among men (5.8%) than among women (1.1%), (Figure 12).

Alcohol dependence is most prevalent in the 25-34 years age group (9.5%), followed by the 15-24 years age group (7.5%). Only 1.9% of the 35-44 years age group report alcohol dependence (Figure 13).

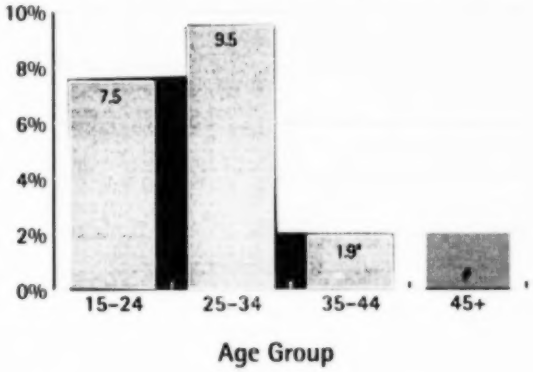
Alcohol dependence is closely associated with marital status[3]. A significantly higher prevalence of alcohol dependence occurs among those whose marital status is single (9.2%) compared with those whose marital status is married or common law (1.5%) (Figure 14).

FIGURE 12 Alcohol Dependence by Sex, Nova Scotia (CCHS 1.2)



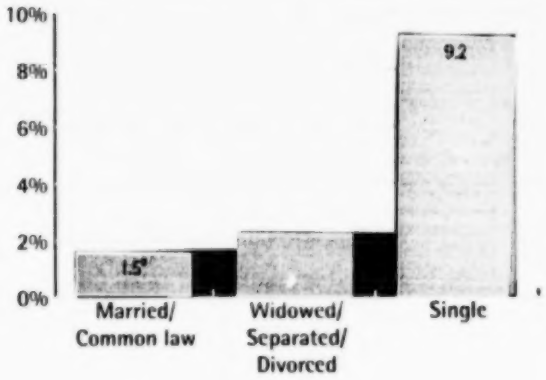
* Significantly different from females.

FIGURE 13 Alcohol Dependence by Age group, Nova Scotia (CCHS 1.2)



* Significantly different from "15-24" and "25-34" age groups.
# Esitmated could not be reported according to Statistics Canada guidelines (See Appendix 1).

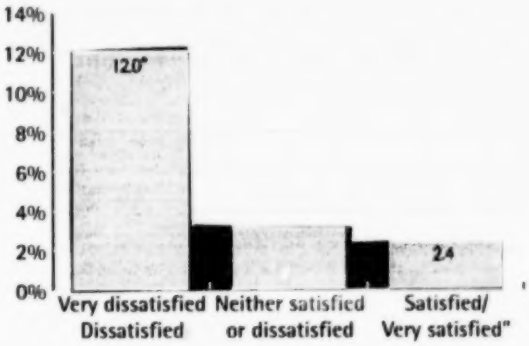
FIGURE 14 Alcohol Dependence by Marital Status, Nova Scotia (CCHS 1.2)



* Significantly different from "Single".
# Estimate could not be reported according to Statistics Canada guidelines (see Appendix 1).

Alcohol dependence is more common among those who are "very dissatisfied" or "dissatisfied" (12.0%) with life compared to those who are "satisfied" or " very satisfied" (2.4%) with life (Figure 15). Feeling dissatisfied with life places one at higher risk of also reporting alcohol dependence. When income and education are considered, alcohol dependence is associated with lower income and higher education levels, although the estimates are not significantly different.

FIGURE 15 Alcohol Dependence by Self-reported Life Satisfaction, Nova Scotia (CCHS 1.2)



* Significantly different from "Satisfied/Very satisfied".
# Estimate could not be reported according to Statistics Canada guidelines (See Appendix 1).

Additional Resources

This document was prepared by the Information Analysis and Reporting, Information Management Branch of the Nova Scotia Department of Health. For additional information on the data included in this report, please contact us at (902) 424-8291.

Copies of this report are available on line at <http://www.gov.ns.ca/health/reports.htm>. Click on "Canadian Community Health Survey (CCHS)" for copies of this and other reports in the series.

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Appendix I

Statistics Canada Guidelines For Reporting of Estimates Based on Coefficient of Variation.

Bootstrapping techniques were used to produce the point estimate, the coefficient of variation (CV), and 95% confidence intervals (CIs). The CV's and CI's were used to decide if a point estimate could be reported.

Data with a coefficient of variation (CV) from 16.6% to 33.3% should be interpreted with caution.

Data with a coefficient of variation (CV) greater than 33.3% were suppressed due to extreme sampling variability.